

6/30/23, 8:01 AM

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : COMITER & SINGER, LLP  
Account Number : I20000000885  
Phone : (561)626-4742  
Fax Number : (561)626-4742

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Corporate@comitersinger.com

Foreign Limited Liability Company  
CCG Technologies, LLC

Certificate of Status	0
Certified Copy	1
Page Count	64
Estimated Charge	\$155.00

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CCG Technologies, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael S. Singer

Name of Person

Comiter, Singer, Baseman & Braun, L.L.P.

Firm/Company

3825 PGA Blvd., Suite 701

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

corporate@comitersinger.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Byers

at

561

626-2101

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CCG Technologies, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

93-2151326

3. (FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

2336 SE Ocean Blvd., Suite 313

5. (Street Address of Principal Office)

Stuart, FL 34996

2336 SE Ocean Blvd., Suite 313

6. (Mailing Address)

Stuart, FL 34996

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Comiter, Singer, Baseman & Braun, LLP

Office Address:

3825 PGA Blvd., Suite 701

Palm Beach Gardens

(City)

, Florida 33410  
(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I herby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:                      Name and Address:

☐ Manager      Name: Michael S. Singer  
☐ Member      Address: 3825 PGA Blvd., Suite 701  
☒ Authorized      Palm Beach Gardens, FL 33410  
                                  Person \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                                  Person \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                                  Person \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                                  Person \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

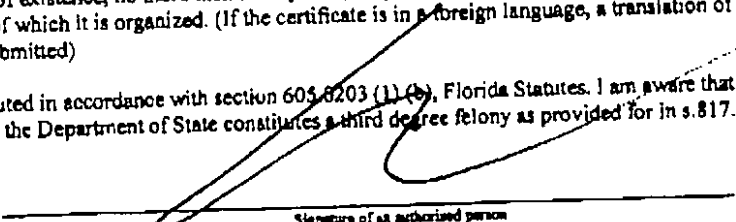
☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                                  Person \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
                                  Person \_\_\_\_\_  
☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.8203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
 Signature of an authorized person

Michael S. Singer, Authorized Representative

Typed or printed name of signer

H23000232136 3

# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COG TECHNOLOGIES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COG TECHNOLOGIES, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7530906 8300

SR# 20232887670

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203653280

Date: 06-29-23